Wyoming AAU Volleyball Tournament Series
Team Roster Form - $80 Entry Fee for each tourney

Tournament Host & Date: _____ _____
Host City *Tournament Date*

Club Name: _____ Age Group: U12___ U14___U16___ U18___

Team Name:_____ Division: A_____ B_____

Coach: _____ Cell Phone: _____

Address: _____ e-mail: _____

City: _____ WYSA #: _____

**** Note*** — *Be sure players name on roster matches their name on AAU card.*

Name	AAU #	Birthdate	Grade	*

Please mail this form and Payment to appropriate Tournament Director listed on the **wyomingaauvolleyball.com** website.

Accident/Injury Waiver
By signing this roster, the team representative or coach hereby states that all athletes and coaches listed above are fully registered with AAU and insured for accidents and/or injuries that may be sustained while playing or observing the sport of volleyball at any RVC AAU Sanctioned Volleyball tournament. The undersigned also states that the tournament host and/or tournament site shall not be held liable for accidents and/or injuries incurred by the individuals listed above while participating in any RVC AAU Sanctioned volleyball tournament.

_____

Signature of Team Representative or Coach(s): ***Date***